League Roster

Rochester Park & Recreation Department 201 4 ST S.E. – Room 150 Rochester, MN 55904 (507) 328-2525

Select One: Men's Women's		Select One: Spring 2007 Summer 2007			Select One:				
					□ Volleyball		☐ Football		
					☐ Softball	L		Basketball	
□ Co-ed		□ Fall 2007			☐ Fast Pit	ch		Broomball	
<u> </u>		□ Win	ter 2007/08		☐ Kick Ba	ıll			
				PRE	FERRED NIGH	T:			
TEAM NAME:					LEAGUE:				
TEAM NA				ТЕА	.M				
LAST YE.	AR:		· · · · · · · · · · · · · · · · · · ·	CLA	SSIFICATION:	AA	A J	B C D	
MANAGE	CR:			PHO	NE#_	1			
MANAGER:ADDRESS:					PHONE# / (WORK) E-MAIL ADDRESS			K)	
			. :	NEW	V TEAM	YES	}	NO	
	PRINT OR SIGN	YOUR NAM	<u>1E BELOW.</u> ** (A	All players	s must be 17 year	rs of age	and a	bove.)**	
DATE ON/OFF	NAME OF PLA	ME OF PLAYER		HOME ADDRESS		HON		IE PHONE	
		Active Services						<u>~~~</u>	
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Every reasonable effort will be made to ensure safety and integrity of the facilities provided, but neither the City of Rochester, the staff, nor other affiliated parties assumes responsibility for any personal injury or other damages sustained by any participant, in return for the opportunity to participate in programs sponsored by the Park and Recreation Department. I acknowledge that there are certain risks (including risks of personal injury) associated with this and any other Park and Recreation activity, and I voluntarily assume all such risks for my child or myself. By signing this form, I hereby release and hold harmless the city of Rochester, program coordinator, employees, and each affiliated party from any and all damages, claims, and causes of action whatsoever for any loss or injury suffered by me and/or my child so that I or my child may be allowed to participate in programs sponsored by the Park and Recreation Department. I have read and fully understand this waiver, and have executed it voluntarily so that my child or I may be allowed to participate in programs sponsored by the Park and Recreation Department.

DATE ON/OFF	NAME OF PLAYER	HOME ADDRESS	HOME PHONE				
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